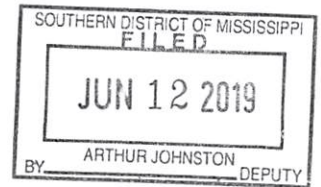


FORM TO BE USED BY PRISONERS IN FILING A COMPLAINT UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. §1983

**IN THE UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF MISSISSIPPI**

**COMPLAINT**



Smith  
 (Last Name) (Identification Number)

Torey  
 (First Name) (Middle Name)

(Institution)  
3527 Ridgcrest Dr Gxn ms 39212  
 (Address)  
 (Enter above the full name of the plaintiff, prisoner and address  
 of plaintiff in this action)

V.

CIVIL ACTION NUMBER: 3:19cv406 HTW-LRA  
 (to be completed by the Court)

Clinton Police Department  
Madison County Jail  
WARREN county Jail E+AL  
Hinds county Jail E+AL  
 (Enter the full name of the defendant(s) in this action)  
UNARMED OFFICERS

**GENERAL INFORMATION**

- A. At the time of the incident complained of in this complaint, were you incarcerated?  
 Yes ( ☒ ) No ( )
- B. Are you presently incarcerated?  
 Yes ( ) No ( ☒ )
- C. At the time of the incident complained of in this complaint, were you incarcerated because you had been convicted of a crime?  
 Yes ( ) No ( ☒ )
- D. Are you presently incarcerated for a parole or probation violation?  
 Yes ( ) No ( ☒ )
- E. At the time of the incident complained of in this complaint, were you an inmate of the Mississippi Department of Corrections (MDOC)?  
 Yes ( ) No ( ☒ )
- F. Are you currently an inmate of the Mississippi Department of Corrections (MDOC)?  
 Yes ( ) No ( ☒ )

## PARTIES

(In item I below, place your name and prisoner number in the first blank and place your present address in the second blank.)

I. Name of plaintiff: Toray C. Smith Prisoner Number: \_\_\_\_\_

Address: 3527 Bridgecrest Dr. Jxn ms 39212

(In item II below, place the full name of the defendant in the first blank, his official position in the second blank, and his place of employment in the third blank. Use the space below item II for the names, positions and places of employment of any additional defendants.)

II. Defendant: Clinton Police Department is employed as City Work  
at Clinton Police Department

The plaintiff is responsible for providing his/her address and in the event of a change of address, the new address of plaintiff as well as the name(s) and address(es) of each defendant(s). Therefore, the plaintiff is required to complete the portion below:

## PLAINTIFF:

NAME: Toray C. Smith ADDRESS: 3527 Bridgecrest Dr Jxn ms 39212

## DEFENDANT(S):

|                                      |  |
|--------------------------------------|--|
| NAME:                                | ADDRESS:                                 |
| <u>Clinton Police Department</u>     | <u>305 Monroe St Clinton ms 39056</u>    |
| <u>Madison County Sheriff's Dept</u> | <u>2941 S Liberty St</u>                 |
| <u>Warren County Jail</u>            | <u>1000 Grove St Vicksburg ms 39183</u>  |
| <u>Hinds County Sheriff</u>          | <u>2107 E Pascagoula St Jxn ms 39205</u> |

FA!

**OTHER LAWSUITS FILED BY PLAINTIFF**

**NOTICE AND WARNING**

The plaintiff must fully complete the following questions. Failure to do so may result in your case being dismissed.

- A. Have you ever filed any lawsuits in a court of the United States? Yes ( ☒ ) No ( ☐ )
- B. If your answer to A is yes, complete the following information for each and every civil action and appeal filed by you. (If there is more than one action, complete the following information for the additional actions on the reverse of this page or additional sheets of paper.)

**CASE NUMBER 1.**

1. Parties to the action: Unkwon,
2. Court (if federal court, name the district; if state court, name the county): South District
3. Docket Number: n/a
4. Name of judge to whom case was assigned: n/a
5. Disposition (for example: was the case dismissed? If so, what grounds? Was it appealed? Is it still pending?) \_\_\_\_\_

**CASE NUMBER 2.**

1. Parties to the action: \_\_\_\_\_
2. Court (if federal court, name the district; if state court, name the county): \_\_\_\_\_
3. Docket Number: \_\_\_\_\_
4. Name of judge to whom case was assigned: \_\_\_\_\_
5. Disposition (for example: was the case dismissed? If so, what grounds? Was it appealed? Is it still pending?) \_\_\_\_\_

## STATEMENT OF CLAIM

- III. State here as briefly as possible the facts of your case. Describe how each defendant is involved. Also, include the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of different claims, number and set forth each claim in a separate paragraph. (Use as much space as you need; attach extra sheet(s) if necessary).

I WAS BOOKED AT THE CLINTON PRISON DEPARTMENT ON ABOUT MAY 30-2019 I WAS DENIED MEDICAL TREATMENT THROWN IN A JAIL CELL WAS DENIED ANY VISIT PAPER, PHONE CALLS, WAS NOT GETTING MY MEDICATION I WAS PROVIDED COLD FOOD, I WAS THEN TAKEN TO THE HINDS COUNTY JAIL BOOKED IN ON ABOUT 5-30-2019 I WAS PLACED IN CELL B-1 WHERE I WAS PLACED INTO A AREA WITHOUT LIGHTS, RATS, SMOKE, THEN LATER REMOVED TO A CELL WITH NO BOOKING PLACED WITHOUT BEING ABLE TO USE PHONE, BATHROOM AND WAS DENIED MEDICATIONS THEN LATER WAS FORCED TO CUT MY HAIR TAKEN TO MEDICAL CELL WHERE I WASN'T ABLE TO HAVE THE ACCESS OF OTHERS WAS TRANSFERRED TO WARREN COUNTY JAIL AND WAS PLACED INSIDE OF DRUNK YAKS WITHOUT THE NEED OF OTHERS IT WAS STATED BECAUSE OF MY SEXUALITY THIS WHERE I'LL BE LATER TAKEN TO MADISON COUNTY JAIL WHERE I WAS TAKEN TO A VISITATION ROOM COULD NOT ALSO TO USE THE RESTROOM FOR HOURS/HALF WAS FORCED TO SLEEP ON FLOOR, THEN TAKEN TO A ATTORNEY ROOM LEFT THERE FOR HOURS TAKEN TO MEDICAL, CELL LIGHTS ON 24 HOURS COULDN'T USE PHONE AND WAS TREATED BADLY

## RELIEF

- IV. State what relief you seek from the court. Make no legal arguments. Cite no cases or statutes.

Monetary <sup>damages</sup> 250,000 legal fees, punitive damages, compensatory damages, ongoing medical treatment And more to come

Signed this 12 day of June, 2019.

I declare (or certify, verify or state) under penalty of perjury that the foregoing is true and correct.

TOMY C. Smith  
Signature of plaintiff